

West Police Department
Authorization for Release of Personal Information

I, _____, do hereby authorize a review of an full disclosure of all records concerning myself to any authorized agent of the West Police Department, whether the said records are public, private, or confidential in nature.

The Intent of this authorization is to give my consent for full and complete disclosure of the records of loans, records of commercial or retail credit agencies (including credit reports and / or rating) and other financial statements and records wherever filed; private practitioners, and the U.S. Veteran's Administration; employment records including background checks, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had interest.

I understand that any information obtained by a personal history background investigation, which is developed directly, or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the City Of West (West Police Department). I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Name (printed or typed)

Address/City/State/Zip

Phone

Subscribed and sworn to before me, by the said _____ this _____ day of _____ 20__.

To certify which witness my hand and seal of Office.

_____ in and for _____ County, Texas

Notary Public

My commission expires: _____

(seal)

